



PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where m

| appropriate. All further corrindicated unless corrected be maintenance fee notification | elow or directed otherwise | atent, advance orders and n n Block 1, by (a) specifying | notification ng a new co | of maintenance fees prrespondence address | will be mailed to the current s; and/or (b) indicating a sepa | correspondence address as rate "FEE ADDRESS" for |
|--|--|---|--|---|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. | | |
| MCDERMOTT WILL & EMERY 600 13TH STREET, N.W. WASHINGTON, DC 20005-3096 MAY 2 4 2004 | | | | | | |
| | Á | | | | | (Depositor's name) |
| | | TO ADENIANTY | • | | | (Signature) |
| | | W. Kill Sa | | | | (Date) |
| APPLICATION NO. | FILING DATE | FIRST NAM | MED INVEN | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 09/935,765 | 08/24/2001 | Reiji Seki | | *** | 44085-156 | 8950 |
| TITLE OF INVENTION: CA | | DEVICE | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE | PU | BLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1330 | | \$300 | \$1630 | 05/25/2004 |
| EXAMINER | | ART UNIT | CL | ASS-SUBCLASS | | • |
| DALAKIS, MICHAEL | | 2851 | 2851 396 | | - | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. MCDERMOTT, WILL & EMERY 2 2 3 | | | |
| (A) NAME OF ASSIGNI | an assignee is identified belo d to the USPTO or is being st EE | ow, no assignee data will ap abmitted under separate cover | pear on the er. Complet | natent Inclusion of a | assignee data is only appropria IT a substitute for filing an assi DUNTRY) | ate when an assignment has gnment. |
| MINOLTA CO.,1 | | | KA, JA | \ | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | |
| Issue Fee | enciosea. | 4b. Payment ☐ A chec | ` ' | ount of the fee(s) is en | · iclosed | |
| A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| Advance Order - # of CopiesTWO The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | | | |
| Director for Patents is reques | sted to apply the Issue Fee an | | | | issue fee to the application ide | |
| other than the applicant; a interest as shown by the reconstruction of information obtain or retain a benefit application. Confidentiality estimated to take 12 minut completed application for case. Any comments on suggestions for reducing it | Reg. No. 26, 1 Publication Fee (if require a registered attorney or age cords of the United States Partition is required by 37 CFR by the public which is to fill it is governed by 35 U.S.C. It es to complete, including gan to the USPTO. Time will the amount of time your nis burden, should be sent to Office, U.S. Department of END FEES OR COMPLET for Patents, Alexandria, Virg | d) will not be accepted front; or the assignee or othe ent and Trademark Office. 1.311. The information is re (and by the USPTO to p. 22 and 37 CFR 1.14. This cohering, preparing, and subrivary depending upon the quire to complete this for the Chief Information Office the Chief Information Office. | equired to rocess) an ollection is nitting the individual rm and/or | 05/25/2004 S 01 FC:1501 02 FC:1504 03 FC:8001 | MINASS2 00000191 50041 1330.00 DA 300.00 DA 6.00 DA | 7 09935765 |

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Art